

Equality Delivery System (EDS2) Assessment Scores 2019 & Equality Objectives Annual Review

1. Executive Summary

This paper is being presented to Trust Board to provide a summary of the 2019 Equality Delivery System Assessment Scores, which incorporates an annual review of the Trust's Equality Objectives 2016-2020.

2. Background

The Public Sector Equality Duty is supported by specific duties set out in regulations which came into force on 10 September 2011. The specific duties require public bodies to publish relevant, proportionate information demonstrating their compliance with the Equality Duty; and to set themselves specific, measurable Equality Objectives.

The Equality Delivery System (EDS2) is a toolkit which has been designed to help NHS Organisations to meet the requirements of the Public Sector Equality Duty. The EDS2 toolkit supports NHS organisations to identify areas for improvement.

The EDS2 toolkit is structured around 4 Goals:

- Goal 1** Better health outcomes for all.
- Goal 2** Improved patient access and experience.
- Goal 3** A representative and supported workforce
- Goal 4** Inclusive leadership at all levels.

Against these four areas there are a set of 18 outcomes. These range from service quality to how staff, are managed in the Trust. All health care providers are required to review and grade performance against each outcome. **When assessing and grading performance on a particular outcome, NHS organisations can choose to look at just one or a few aspects of their work, rather than looking across the entirety of all they do.** Within a protected characteristic, organisations can decide to focus on people most at risk, or for whom considerable progress has been made. It is advised that the aspects that are reviewed are ones where there is local evidence that suggests a significant equality-related concern; or where progress has been made and good practice can be shared.

Given the number of services provided by the Trust and the 18 outcomes within EDS2, a phased implementation of EDS2 was agreed, to use existing research and engagement work with stakeholders to identify and address any inequalities, discrimination and barriers. Working in partnership will ensure that more evidence and data can be gathered for the protected characteristic and vulnerable groups in the community.

The 4 outcomes we identified to review for 2018/19 are listed below:

Goal	Outcome		Grade
1	1.2	Individual people's health needs are assessed and met in appropriate and effective ways.	Achieving
2	2.1	People, carers and communities can readily access hospital, community health and primary care services and should not be denied access on unreasonable grounds.	Achieving
3	3.6	Staff report positive experiences of their membership of the workforce	Achieving
4	4.3	Middle managers and other line managers support and motivate their staff to work in culturally competent ways	Achieving

3. EDS2 Assessment / Scoring Process

In March 2019 the Trust undertook its eighth assessment of performance against the EDS (incorporating the Trust Equality objectives 2016-2020) and obtained feedback from key stakeholders. An action plan has been developed to address gaps & areas for improvement.

The following summarises our key evidence and local stakeholder engagement:

Outcome 1.2

Individual people's health needs are assessed and met in appropriate and effective ways.

Cancer Services

When assessing and grading performance for outcome 1.2, WWL chose to review its cancer care services. National Cancer Patient Experience Surveys report that that black and minority ethnic cancer patients have poorer experiences of cancer services than their White British counterparts. These findings suggest important ethnic inequalities in cancer care. More research, however, is necessary to fully understand what lies at the root of these results and how to identify ways of addressing poorer experiences and outcomes. Despite improvements in current ethnic data collection, there is still an incomplete picture due to inconsistent ethnic data collection and research. This data and research is crucial if we want to evaluate the quality and outcomes of cancer care and investigate differences in cancer incidence, survival and access to treatment.

WWL BME Cancer Patient Experience Survey

WWL chose to engage with the local BME (Black Minority Ethnic) community to ascertain their view / experience of using Trust Cancer services. 20 patients of black and minority ethnic backgrounds were recorded as receiving cancer care treatment during April 17 to March 18. A questionnaire was designed and sent to these patients. 4 completed surveys were returned, giving a 20% response rate. Patient demographics collected included age; sex; ethnicity; religion/belief; disability; sexual orientation; and marital status.

Overall patients of black and minority ethnicity had a good experience of cancer services. Their health needs were assessed and met in appropriate and effective ways.

Cancer Care Centre Patient Experience Survey 2018

A Patient Experience Survey is undertaken annually to find out from patients how their experience was whilst using the Cancer Care Centre. Surveys are handed out to patients attending the Cancer Care Centre at Wigan. During 2018, 78 surveys were completed. Patient demographics collected included age; sex; ethnicity; religion/belief; disability; sexual orientation; and marital status.

Overall a very positive patient experience report was received. Very few negative comments were given. Some suggested recommendations to improve the patient experience in the Cancer Care Centre were:

- Discussion with all patients around chemotherapy, what to expect and any side effects to potentially expect.
- Offer information on support that is available including, support groups, financial support and free prescriptions.

National Cancer Patient Experience Survey 2017

The National Cancer Patient Experience Survey 2017 is in the seventh iteration of the survey first undertaken in 2010. It has been designed to monitor national progress on cancer care; to provide information to drive local quality improvements; to assist commissioners and providers of cancer care; and to inform the work of the various charities and stakeholder groups supporting cancer patients.

A report is produced for each Trust showing how they have scored for each question in the survey, compared with national results. It is aimed at helping individual Trusts to understand their performance and identify areas for local improvement. 193 patients responded with regard to WWL cancer services. Overall a good report for WWL cancer services was received.

- The average rating given by respondents when asking about their care (Scale 0 being poor and 10 being very good) was 8.9 out of 10. (8.8 the average in 2016).
- **76%** of respondents said they were definitely involved as much as they wanted to be in decisions about their care and treatment.
- **90%** of respondents said that they were given the name of their clinical nurse specialist.
- **89%** of respondents said that it had been quite easy or very easy to contact a clinical nurse specialist.
- **86%** of respondents said that overall, they were always treated with dignity and respect while they were in hospital.
- **92%** of respondents said that the hospital staff told them who to contact if they were worried about their condition or treatment after they left hospital.

Following the results of the National Cancer Patient Experience Survey, areas for improvement within the Trust were identified and an Action Plan agreed and implemented.

Local Mosque Patient Experience Survey 2018

A patient experience survey was undertaken to find out from patients from the local Mosque how they viewed Trust hospital services. A questionnaire was designed and 100 surveys were sent to the local Mosque. Local school children were asked to distribute to their parents for completion. 5 completed surveys were completed and returned (5% response rate). Client demographics collected included age; sex; ethnicity; religion/belief; disability; sexual orientation; and marital status.

Overall the five people who responded to the survey had a mostly positive experience. The services they had used were the Emergency and Maternity and Children's services 80% of patients said that they found the experience of using our services very good to satisfactory.

Suggestions for improvement included:

- Ensuring services have appropriate information in the correct language and take time to explain the processes for example the discharge process. Make sure telephone interpreters are used to support this information sharing.
- Head of Patient and Public Involvement to look into having multi faith chaplains available in hospital as we are discriminating not having multi faith chaplains available for our patients.
- Inform patients of waiting times and how long they are expected to wait when they arrive for appointments or in accident and emergency.

Equality Impact Assessments

All policies and changes across services are **Equality Impact Assessed** across all 9 protected characteristics and monitored by the Trust's Inclusion and Diversity Service Lead. The Equality Impact Assessments for the Cancer Care Unit at Royal Albert Edward Infirmary was recently reviewed.

Outcome 2.1

People, carers and communities can readily access hospital, community health and primary care services and should not be denied access on unreasonable grounds.

When assessing and grading performance for outcome 2.1, WWL chose to review access for patients living with disabilities. Historically, people with disabilities report worse access to healthcare, with transportation, cost and long waiting lists being the main barriers. These findings are worrying as they illustrate that a section of the population, who may have higher healthcare needs, face increased barriers in accessing services. WWL is committed to improving patient access and removing any potential barriers. Continual engagement with service users enables us to identify any barriers and ensure actions are put in place to improve service delivery and patient experience.

Listed below is a summary of all engagement in relation to inclusion and diversity during the last 12 months:

Leigh Deaf Club

The Trust's Head of Engagement, Service Inclusion and Diversity Lead and members of the Audiology Team attended the Leigh Deaf Club on 25 April 2018 to ascertain their views about hospital services and access during the last 6 months (from a hearing impaired perspective). A British Sign Language Interpreter from "Big Word" was in attendance to facilitate the communication between both parties.

Based on the feedback received from the group, the following actions have been implemented:

- New supplier for BSL interpreters sourced and implemented.
- Long range pagers in A&E sourced and implemented. Trialled on 21st November 2018 by profoundly deaf service user.
- Acknowledged, that on arrival at A&E Reception, hearing impaired patients may have difficulty answering receptionist's booking in questions / may also be unable to write down answers. 'A&E Patient Booking In' Form proposed. To be given to local deaf community to bring with them when they attend A&E. Name, address etc. already confirmed in writing on arrival. Initiative to be implemented.
- Deaf Awareness training session delivered for A&E Staff on 10th July 2018 by profoundly deaf service user for staff. Dual Sensory Awareness Training for staff to be rolled out by Audiology & Orthoptic staff.
- Requirement for provision of video remote British Sign Language Interpreting in A&E raised. Provider currently being sourced and specification requirements reviewed.

Belong

The Trust's Head of Engagement and Inclusion Diversity Lead for Services attended the Belong Blind Group in Atherton on 13th November 2018 to ascertain their recent experiences of hospital services and access (from a visually impaired perspective). Overall positive feedback was received from the group. No concerns with regard to access were raised.

Based on the feedback received from the group, the following improvements / actions have been implemented:

- Signage is currently being reviewed as part of the PLACE Project. Volunteers play a big part in the reviewing of the signage on all sites every year.
- Staff in Outpatient Areas, notify patients of waiting times on arrival and offer refreshments to patients who will encounter a long wait.

Learning Disability Improvement Standards for NHS Trusts

National Patient Experience Surveys report that some people with learning disabilities, autism or both encounter difficulties when accessing NHS Services and can have much poorer experiences than the general population. New standards have been developed to measure the quality of health care for anyone with a learning disability, autism, or both. NHS Trusts have developed the standards by asking patients and carers what they expect for their health care. By using this approach NHS Trusts are highlighting the importance of people's experiences as their primary objective, as well as how they listen, learn and respond in order to continue improving.

The NHS have consulted with self-advocates, family members and NHS staff to create a toolkit to measure the NHS Trusts against the new standards. WWL have fully embraced these standards and are committed to improving the patient experience for people with learning disabilities and their carers. A review of the standards is currently being measured and action plan developed to ensure all standards are met. Funding has been secured to implement an Autism Friendly Toolkit on each of the hospital sites. A group has recently been established to review the contents and needs.

Hospital Tours for patients with learning disabilities

WWL have regular tours of A&E for people with learning difficulties and their families so they are familiarised with A&E in case they have to attend. A Community Learning Disability Link Nurse also takes part in the tours. The LD Link Nurse will also prepare patient's with learning disabilities and autism and their carers if they are to attend for elective procedures or out-patient appointments.

The LD Link Nurse and the Trust's Safeguarding Team also produce bespoke paperwork/charts of some patients with LD/Autism to help them be active in their care (this is especially true of Maternity patients). For more complex patients with LD/Autism planning meetings and multi-disciplinary meetings are common to reduce the possible distress of a hospital experience.

Wigan and Leigh People First Learning Disability Group

The Head of Engagement and Inclusion Diversity Lead for Services attended the People First Learning Disability Group in Lowton on 12th March 2019 to find out their experiences of hospital services and access (from a learning disability perspective). Overall the group were happy with the services received from the hospital. They could not praise the staff and services enough. No barriers to access were raised. To further improve service accessibility, the provision of LD Passports will be reviewed, along with additional time required for consultations.

AccessAble

Funding has been secured for a further 3 year contract with AccessAble (previously called Disabledgo) from July 2019. The partnership between AccessAble and WWL allows hospital visitors, patients and staff to find out more about the accessibility of the Trust's buildings and services by providing access to free online access guides. AccessAble have now produced 124 Detailed Access Guides for the Trust's sites. All have personally been visited and assessed by one of AccessAble's surveyors to ensure accurate, detailed information is collected. Surveyors return each year to reassess any changes.

The Access Guides look at 'access' and 'disability' from lots of different perspectives. Not just mobility impairment, but also learning disability, sensory impairment, dementia and mental health. Each Access Guide has been published on www.disabledgo.com / www.accessable.co.uk, and integrated into www.wwl.nhs.uk. Engagement with patients and staff, together with promotion and staff training are key parts of the service AccessAble offers.

Stakeholder Feedback:

The EDS Evidence Report was sent to Health Watch Wigan and Leigh and all Trust Governors for review in March 2019. In support a Feedback Survey was published on the Trust Website. A web link was circulated by Healthwatch to key stakeholders. 8 responses were received (all 8 respondents agreed with our proposed grade for 'achieving'). No overall formal response was received from Healthwatch.

Outcome 3.6

Staff report positive experiences of their membership of the workforce

- The 2018 National Staff Opinion Survey engagement indicator again places the Trust in the highest 20% when compared with trusts of a similar type. This reflects that overall staff members are reporting positive experiences of their membership of the workforce.
- The 2018 National Staff Opinion Survey shows a slight drop from 2017 results in the percentage of staff believing that the Trust provides equal opportunities for career progression from 84% in 2017 to 82% in 2018.
- The 2018 National Staff Opinion Survey indicates that the Trust is better than the national average in relation to employees stating that they have experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months. Results also indicate that the Trust scored equivalent to the national average in terms of staff experiencing discrimination at work from a manager/team or other colleague in the last 12 months.
- The Trust published data for 2017/18 year with regards to the Workforce Race Equality Standard (WRES) in order to demonstrate through the 9 Point metric how we are addressing race equality issues in a range of staffing areas. WWL is performing better than many other Trusts in relation to the specific indicator relating to BME representation at Board level which is a problem area nationally. However, the Trust performed substantially worse than two of the indicators in relation to Percentage of BME staff experiencing harassment, bullying or abuse from staff or Line Manager/Team Leader in last 12 months
- Local Pulse Check Surveys continued to be carried out this year. Feedback from the April 2019 survey indicated that 61.94% of respondents would recommend WWL as a place to work. Data analysed according to protected groups indicates that feedback from respondents in possession of protected characteristics is positive.
- A target focus group were held for BME staff with action plans developed, work towards outcomes will continue into 2019.
- WWL actively supported and participated in Wigan Pride 2018 as one of the main sponsors. For the first time, there was a parade and WWL took a lead role in this.
- WWL has continued to publish an annual I and D Schedule Of Events to raise awareness of protected characteristics covered under the Equality Act 2010.

Outcome 4.3

Middle managers and other line managers support and motivate their staff to work in culturally competent ways

- Findings from the 2018 National Staff Opinion Survey indicate that 84% of the workforce believe that the Trust provides equal opportunities for career progression and promotion and 8% of staff indicate that they have experienced discrimination in the last 12 months which is equal to the national average score.
- The CEO weekly update message to staff and the WWL weekly news bulletin have been used to greater effect to make staff and managers aware of key I and D initiatives.
- Line managers have continued to release staff members who are in Inclusion and Diversity Champion roles to attend regular meetings and also work on projects during working hours as many of these form key aspects of the annual I and D Schedule of Events referred to above.
- Managers and supervisors have continued to encourage their teams to submit the Staff Stories referred to above to raise awareness of initiatives, comment on support received from the Trust or publicise experiences they wished to share.
- I & D Training for Line Managers at Level 3 commenced in March 2019 which will run on a quarterly basis.

Stakeholder Feedback:

This year the EDS Evidence Report was not sent for external peer review due to external Trust contact leaving the Trust and new I & D Lead commencing in post.

The specific outcomes and Trust scoring relating to these EDS goals are summarised in **Appendix 1**.

4. Trust Equality Objectives

As required by the Public Sector Equality Duty (Equality Act 2010), Equality Objectives must be set and published every 4 years. Progress against our 2016-2020 Equality Objectives are reviewed annually and revisited at four yearly intervals in line with equality legislation.

See Appendix 2 for a summary of our Equality Objectives, including progress update.

5. EDS2 Action Plan

The EDS 2019/20 Action Plan has been updated to reflect the actions outstanding from 2018/19 and to incorporate our Equality Objectives and actions arising from the recent 2019 EDS2 Assessment.

6. Monitoring

Monitoring and review of the Equality Objectives and Action Plan will be through the delivery and implementation of the EDS2 Action Plan with quarterly updates to the Trust's established Inclusion and Diversity Steering Group.

Progress will also be reviewed annually within the Trust's Inclusion and Diversity Annual Monitoring Report.

7. Conclusion

Trust Board are requested to note the scores against each of the EDS2 Outcomes.

EDS2 Outcomes and Grades 2018/19

Although we have chosen to focus on 4 outcomes for 2018/19 (shaded below) it should be recognised that the evidence included within this assessment will likely have an impact on other outcomes too.

Grades based on 2018/19 evidence submission for all other outcomes are listed below:

Goal	Outcome		Grade
1	1.1	Services are designed and delivered to meet the health needs of local communities	Developing
1	1.2	Individual people's health needs are assessed and met in appropriate and effective ways	Achieving
1	1.3	Transitions from one service to another are made smoothly with everyone well informed	Developing
1	1.4	When people use services their safety is prioritised and they are free from mistakes, mistreatment and abuse	Developing
1	1.5	Screening, vaccination and other health promotion services reach and benefit all local communities.	Achieving
2	2.1	People can readily access community health services and should not be denied access on unreasonable grounds	Achieving
2	2.2	People are informed and supported to be as involved as they wish to be in decisions about their care	Developing
2	2.3	People report positive experiences of the NHS	Achieving
2	2.4	People's complaints about services are handled respectfully and efficiently	Developing
3	3.1	Fair NHS recruitment and selection processes lead to a more representative workforce at all levels	Achieving
3	3.2	The NHS is committed to equal pay for work of equal value and expected employers to use equal pay audits to help fulfil their legal obligation	Achieving
3	3.3	Training & Developing opportunities are taken up and positively evaluated by all staff	Developing
3	3.4	When at work, staff are free from abuse, harassment, bullying and violence from any source	Developing
3	3.5	Flexible working options are made available to all staff, consistent with the needs of patients, and the way that people	Achieving
3	3.6	Staff report positive experiences of their membership of the workforce	Achieving
4	4.1	Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations.	Achieving
4	4.2	Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed.	Developing
4	4.3	Middle managers and other line managers support and motivate their staff to work in culturally competent ways within a work environment free from discrimination.	Achieving

Equality Delivery System (EDS2) Objectives and Outcomes – 2018/19 Grades

Goal 1	Outcome	2014 Score	2015 Score	2016 Score	2017 Score	2018 Score	2019 Score
Better Health Outcomes for All	1.1 Services are commissioned, procured, designed and delivered to meet the health needs of local communities.	Developing	Developing	Developing	Developing	Developing	Developing
	1.2 Individual people's health needs are assessed and met in appropriate and effective ways.	Developing	Developing	Developing	Developing	Developing	Achieving
	1.3 Transitions from one service to another, for people on care pathways, are made smoothly and everyone well informed.	Developing	Developing	Developing	Developing	Developing	Developing
	1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse.	Developing	Developing	Developing	Developing	Developing	Developing
	1.5 Screening, vaccination and other health promotion services reach and benefit all local communities.	Developing	Developing	Developing	Developing	Achieving	Achieving
Assessment Criteria	<ul style="list-style-type: none"> Evidence of one or more care pathway which suggests there is significant local equality progress as people transit from one service to another. Evidence of one or more service / care setting which suggests there is significant equality progress for people's safety. For all protected groups, we have to assess and grade how well: <ul style="list-style-type: none"> Service transitions are made, including how well patients, carers and professionals are kept informed of what is happening. Key aspects of safety are prioritised and managed. Evidence of how well other disadvantaged groups, including inclusion health groups fare compared with people overall. 						
Assessment Key Gaps / Development Areas	<p>Patient equality monitoring data not yet recorded in respect of all 9 protected characteristics. Disability; Sexual Orientation; Transgender; and Marriage and Civil Partnership not yet recorded.</p> <p>Goal: Once equality data is collated and recorded within hospital activity, data can be extracted to identify any visible trends / inequalities.</p> <p>The Trust's I&D Leads are members of: E&D Wigan Borough Collaborative; Greater Manchester E&D Provider Leads Forum; North West NHS E&D Network Forum; Wigan Borough CCG Accessible Information Standard Group - Working in collaboration to share equality data and best practice and jointly promote and challenge inequalities.</p>						

Goal 2	Outcome		2014 Score	2015 Score	2016 Score	2017 Score	2018 Score	2019 Score
Improved Patient Access and Experience	2.1	People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds.	Developing	Developing	Developing	Developing	Developing	Achieving
	2.2	People are informed and supported to be as involved as they wish to be in decisions about their care.	Developing	Developing	Developing	Developing	Developing	Developing
	2.3	People report positive experiences of the NHS.	Achieving	Achieving	Achieving	Achieving	Achieving	Achieving
	2.4	People's complaints about services are handled respectfully and efficiently.	Developing	Developing	Developing	Developing	Developing	Developing
Assessment Criteria	<ul style="list-style-type: none"> Evidence of one or more service / care setting which suggests that there is significant local equality progress for people in relation to: <ul style="list-style-type: none"> Access to services. The information and support people receive, so that they can be involved in decisions about them. People's experiences. Handling of complaints. For all protected groups, we have to assess and grade how well: <ul style="list-style-type: none"> Services are accessed, taking into account the fairness of reasons when access is denied. People are informed and supported. Service is experienced. Complaints are handled. Evidence of how well other disadvantaged groups, including inclusion health groups fare compared with people overall. 							
Assessment Key Gaps / Development Areas	<p>Patient equality monitoring data not yet recorded in respect of all 9 protected characteristics. Disability; Sexual Orientation; Transgender; and Marriage and Civil Partnership not yet recorded.</p> <p>Goal: Once equality data is collated and recorded within hospital activity, data can be extracted to identify any visible trends / inequalities.</p> <p>The Trust's I&D Leads are members of: E&D Wigan Borough Collaborative; Greater Manchester E&D Provider Leads Forum; North West NHS E&D Network Forum; Wigan Borough CCG Accessible Information Standard Group - Working in collaboration to share equality data and best practice and jointly promote and challenge inequalities.</p>							

Goal 3	Outcome		2014 Score	2015 Score	2016 Score	2017 Score	2018 Score	2019 Score
A representative and supported workforce	3.1	Fair NHS recruitment and selection processes lead to a more representative workforce at all levels	Achieving	Achieving	Achieving	Achieving	Achieving	Achieving
	3.2	The NHS is committed to equal pay for work of equal value and expected employers to use equal pay audits to help fulfil their legal obligation	Undeveloped	Undeveloped	Undeveloped	Achieving	Achieving	Developing
	3.3	Training & Developing opportunities are taken up and positively evaluated by all staff	Developing	Developing	Developing	Developing	Developing	Developing
	3.4	When at work, staff are free from abuse, harassment, bullying and violence from any source	Developing	Developing	Developing	Developing	Developing	Developing
	3.5	Flexible working options are made available to all staff, consistent with the needs of patients, and the way that people lead their lives.	Achieving	Achieving	Achieving	Achieving	Achieving	Achieving
	3.6	Staff report positive experiences of their membership of the workforce	Developing	Developing	Developing	Developing	Achieving	Achieving
Assessment Criteria	<ul style="list-style-type: none"> • Evidence that the workplace is representative of staff from all protected groups, taking into account the fairness of recruitment & selection processes • Evidence that we have assessed and graded participation in and evaluation of training & development opportunities for staff from protected groups • Evidence that we have used equal pay audits to help fulfil our legal obligations. For all protected groups we have to assess & grade the extent to which they receive equal pay for work of equal value. • For all protected groups we have to assess & grade the extent of abuse, harassment, bullying & violence • For all protected groups we have to assess & grade the availability of flexible working options • For all protected groups we have to assess & grade how well membership of the workforce is experienced 							
Assessment key gaps/development areas	<p>The key gaps/development areas of Goal 3 are:</p> <ul style="list-style-type: none"> • Further develop the BME element within the WWL Leadership Programme. • Link in with BME Staff Support Network Forum to share good practice and work together on initiatives. • Continue to offer ILM Level 3 Training Programme. • Undertake audits of incidents of violence and aggression for BME staff to identify key actions. • Active support of and participation in Wigan Pride 2019. • Involve local LBGTQ+ groups in Trust business and in particular the activities of the I&D Operational Group. • Plan further events for 2019-20 to raise awareness of protected characteristics. • Continue to support the development of networks for protected characteristics such as BME and Staff Living with a Disability. • Obtain and publish further Staff Stories and share these at I & D Ops/Steering Group & Workforce Committee meetings whenever possible. 							

Goal 4	Outcome		2014 Score	2015 Score	2016 Score	2017 Score	2018 Score	2019 Score
Inclusive Leadership at All Levels	4.1	Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations.	Achieving	Achieving	Achieving	Achieving	Achieving	Achieving
	4.2	Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed.	Developing	Achieving	Achieving	Achieving	Achieving	Developing
	4.3	Middle managers and other line managers support and motivate their staff to work in culturally competent ways within a work environment free from discrimination.	Developing	Developing	Developing	Developing	Achieving	Achieving
Assessment Criteria	<ul style="list-style-type: none"> Evidence of 10- 20 instances when Board members and senior leaders had the opportunity to demonstrate their commitment to equality in the past year. Evidence of 10-20 papers that came to the Board and other major committees in the past year or, if needs be, a longer period and assess & grade the extent to which the selected papers took account of the equality related impacts including risks and how risks will be managed. Assess & grade for all protected groups the extent to which staff are supported within the workplace. 							
Assessment key gaps/development areas	<p>The key gaps/development areas of Goal 4 are:</p> <ul style="list-style-type: none"> Building on the Inclusion and Diversity module within the WWL Management and Leadership programme in line with the Trust's corporate objective regarding Talent Management. Monitor selection of Board papers to ensure new template is being used correctly and that relevant evidence can be provided for 2019-20. Continue to provide I & D ILM Level 3 Training Programme 							

Equality Objectives 2016-2020

EDS Goal	Equality Objective	Key Progress – 2018/19	Outcome
<p>Goal 1: Better Health Outcomes for All</p>	<p>We will work together with the local Lesbian, Gay, Bisexual & Trans (LGBT) community to improve and expand the quality of the information, knowledge and understanding we have about our LGBT service users. We will ensure their experience of our services is improved by being more responsive to their needs.</p>	<p>In line with Wigan PRIDE's 2018 theme 'growth and community', WWL showed our support for the borough's LGBTQ+ community by raising the rainbow flag and planting our own WWL Pride Tree outside the main entrance to the Royal Albert Edward Infirmary on 25th July 2019. Guests at this special event included members of the Trust's executive team, staff, volunteers and representatives from Wigan Council's BYOU project, which offers activities and advice for local LGBTQ+ people aged under 19.</p>	<p>WWL seen as fully inclusive employer and service provider. Increased staff and patient engagement and participation.</p>
		<p>In June 2018, a staff competition was launched. Staff were encouraged to devise their own WWL PRIDE Slogan. The top 3 shortlisted entries were displayed on placards during the Wigan PRIDE parade and throughout the day.</p>	
		<p>Wigan Pride returned for a third year in Wigan Town Centre on 11th August 2018, celebrating equality and diversity in the UK. WWL were delighted to be part of this event, working in partnership with BYOU, Wigan CCG, Wigan Council and other local providers.</p>	
		<p>WWL actively involved in Wigan PRIDE Event on 11 Aug 2018. Hosted information stand / Participated in PRIDE Parade. Patient Engagement Survey conducted. 63 completed surveys received. Engagement Report produced.</p>	
		<p>Rainbow Flag flown in support during LGBT History Month in February 2019 on the RAEI and WNT Sites. Rainbow Flag purchased for Leigh Infirmary.</p>	
		<p>WWL Guidance Document on supporting trans staff was reviewed and updated. Resource provides guidance to managers and staff that may be working alongside trans colleagues at both pre and post transition stages of gender re-assignment.</p>	

EDS Goal	Equality Objective	Key Progress – 2018/19	Outcome
<p>Goal 2: Improved patient access and experience</p>	<p>We will ensure that our patients are communicated with in a manner that is appropriate to their specific need or requirement within the Trust.</p> <p>We will identify how patients prefer us to communicate with them from the earliest point of contact. Our objective will be to ensure that every time we communicate with them, that we use their preferred method.</p>	<p>The Trust's Head of Engagement, Service Inclusion and Diversity Lead and members of the Audiology Team attended the Leigh Deaf Club on 25 April 2018 to ascertain their views about hospital services and access during the last 6 months (from a hearing impaired perspective).</p> <p>Based on the feedback received from the group, the following actions have been implemented:</p> <ul style="list-style-type: none"> • New supplier for BSL interpreters sourced and implemented. New contract implemented 16th April 2018. • Long range pagers in A&E sourced and implemented. Trialled on 21st November 2018 by profoundly deaf service user. • Acknowledged, that on arrival at A&E Reception, hearing impaired patients may have difficulty answering receptionist's booking in questions / may also be unable to write down answers. 'A&E Patient Booking In' Form proposed. To be given to local deaf community to bring with them when they attend A&E. Name, address etc. already confirmed in writing on arrival. Initiative to be implemented. • Deaf Awareness training session delivered for A&E Staff on 10th July 2018 by profoundly deaf service user for staff. Dual Sensory Awareness Training for staff to be rolled out by Audiology & Orthoptic staff. • Requirement for provision of video remote British Sign Language Interpreting in A&E raised. Provider currently being sourced and specification requirements reviewed. <p>Funding has been secured for a further 3 year contract with AccessAble (previously called Disabledgo) from July 2019. The partnership between AccessAble and WWL allows hospital visitors, patients and staff to find out more about the accessibility of the Trust's buildings and services by providing access to free online access guides. AccessAble have now produced 124 Detailed Access Guides for the Trust's sites. All have personally been visited and assessed by one of AccessAble's surveyors to ensure accurate, detailed information is collected. Surveyors return each year to reassess any changes.</p>	<p>Patient feedback obtained and whether patients can readily access hospital services.</p> <p>Improved patient access and experience of hospital services.</p> <p>Accurate & consistent on-line information guides. Increased staff & patient awareness. Improved patient experience. Increased provision of accessible information.</p>

EDS Goal	Equality Objective	Key Progress – 2018/19	Outcome
Goal 2: Improved patient access and experience	As above	Reviewed and updated Interpreter and Translation Services Policy and SOP. Divisional hand books updated.	Robust procedure. Increased staff awareness of protocol for accessing interpreters and translation services.. Improved patient experience.
		Funding sourced to implement Autism Friendly Toolkits on each of the hospital sites. Group established to review. First meeting held in March 2019. Separate toolkits for both adults and children to be provided. Development of children's toolkit currently being reviewed.	Improved patient access and experience of hospital services.
		Requirements of Accessible Information Standard reviewed and actions further progressed. IT solution identified for one aspect of standard. Currently working with Synertec to implement 'capture and share' database - to ensure all letters which are routed via Synertec are printed in patient's preferred format. Funding sourced for 15 days of IM&T development support. Further resource will be required to ensure full compliance with AIS: <ul style="list-style-type: none"> • A&E registration to be amended to provide ability to collect patient's needs. • Data extracted from PAS to HIS – to ensure visible in HIS Patient Header (majority of staff have access to HIS. Alert on HIS would ensure that patient needs are acted upon). • Investigation required to scope the capability of other standalone systems. 	On-going implementation / continuing to work in collaboration with Wigan Borough CCG. Increased staff and patient awareness. Provides evidence that WWL is working towards meeting the standard.

EDS Goal	Equality Objective	Key Progress – 2018/19	Outcome
<p>Goal 3: A representative and supported workforce</p>	<p>To reduce inequalities experienced by staff and applicants from a BME background</p>	<p>Developed and launched the ILM Level 3 I & D Training Programme for Managers.</p> <p>Facilitated BME Focus Group in November 2018 to provide opportunities for people to share, learn and contribute to improving the Trust.</p> <p>Claire Alexandar Freedom to Speak Up Guardian attended BME Listening Event in November 2018.</p> <p>Calendar of scheduled I & D Events</p>	<p>Key Points raised and action plan developed to be built into EDS Action Plan for 2019/20</p> <p>Raised awareness of reporting mechanism for raising concerns.</p> <p>To raise awareness of BME staff groups to promote inclusivity.</p>
<p>Goal 4: Inclusive leadership at all levels</p>	<p>Equip Trust managers to proactively manage Inclusion and Diversity within their teams, so that staff work in an equal, diverse and inclusive environment regardless of their equality group.</p>	<p>Developed and launched the ILM Level 3 I & D Training Programme for Managers.</p> <p>Promotion of staff stories through key groups and committees.</p> <p>Autism Training Awareness delivered across the Trust.</p>	<p>Key Points raised and action plan developed to be built into EDS Action Plan for 2019/20</p> <p>Greater awareness of inclusion and diversity.</p> <p>Increased awareness of Autism and how managers can support staff and patients.</p>

